

Primary Care Case Management Options Strategy Group Meeting Notes

August 15, 2002

I. Welcome and Introductions

Teresa Graves, co-chair, began the meeting with a review of the group's goals and the minutes from the last meeting. The Primary Care Case Management (PCCM) Group is one of three strategy sub-groups formed from the LTCIP Options Workgroup. In order to keep the full Options Workgroup updated, all members will receive the meeting notes from each of the three strategy groups.

The goal of the PCCM group is to research, develop and design a feasible and voluntary PCCM demonstration for San Diego County. PCCM is a vehicle to integrate primary, acute and long-term care services and offers a real opportunity to improve the current system and to enhance the quality of life for patients.

Participants in attendance: Teresa Graves, co-chair, Jennifer Guthrie, Cheri Graham-Clark, R.N., Vilma Maravilla, R.N., Stephanie Kearns, R.N., Maxine Fischer, Burton Disner, Carol J. Voelker, Evalyn Greb, Sara Barnett.

II. Discussion Points and Assumptions

The group engaged in a round table discussion regarding the framework and assumptions surrounding the initial PCCM pilot developed during the July 31st meeting. The following points were noted and discussed:

- Consider a smaller population and shorter time frame for the demonstration. Previous suggestions for sample size and timeline were 2500 lives (aged, blind and disabled) and 2-4 years. A smaller population and fewer months or years will produce more timely outcomes as well as cut down on overall costs. Recommendation for a revised target population and timeline to be solicited from Mark Meiners.
- Generate a target population by seeking out high volume geriatric providers with vested interests in improving care for their patients. Contact elderly and disabled case managers from county programs (Multi-Purpose Senior Services Program, Aids Waiver Program) and various community-based organizations (Elderhelp of San Diego, etc.) to help identify "at risk" clients.
- Include funding component for case management services in grant application to the Robert Wood Johnson Foundation and/or other foundation.
- Physician Involvement- the physician will play an integral role in the care plan, so it is important to keep the physician empowered and to give them a sense of ownership during all stages of planning and

development. Pros and cons for two possible approaches for engaging physicians were discussed.

- Develop and conduct physician survey to obtain input regarding preferences for PCCM model design.
- Establish a representative physician advisory board/focus group for input and collective decision-making purposes.
- It was recommended that the case management component include an initial home visit for a thorough client assessment.
- Assignment of case manager (CM) will be dependent on the current need of the client (RN or MSW). CM responsible for care coordination and follow-up across the continuum of services. CM not attached to one physician office. CM needs to have an effective system of communication with physician so that the physician can give input as needed. CM will also participate in initial training and orientation.
- Consider using an outside case management agency to administer.
- Role of primary care physician (PCP)– responsible for attending orientation/training, opening cases, and participating in additional sit-down consultations. Further discussion regarding physician authorization of care plan to take place at future meetings.
 - During orientation, inform PCP of the value-added benefits of PCCM (i.e., Return on investment, cost savings, best practices).
 - PCP will receive one-time pay for attending orientation and opening a case (~ \$100) and an additional \$10 PMPM for additional sit down consultations.
- Involvement of a single pharmacy benefit manger with a geriatric pharmacist is essential for real time contra-indications feedback and on-going training/consultation.

III. Adjourn

The meeting adjourned at 4:00 PM. The next meeting will be Monday, September 9, 2002 at 1:30 PM. Location: AIS Admin Conference Rm, 9335 Hazard Way, San Diego, CA 92123.